

SPACE MAINTENANCE

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Related Policies
None

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Space maintainers are indicated for the following:

- Maintaining space due to premature loss of a primary tooth (teeth)
- To regain space

Space maintainers are contraindicated for the following:

- When tooth/teeth is/are close to eruption
- Patient is not compliant or has poor oral hygiene
- Severe crowding already exists
- Space has already been lost
- If sufficient amount of space already exists

Coverage Limitations and Exclusions

- Limited to one per tooth per consecutive 60 months
- Any space maintainer adjustments are inclusive for 6 months
- Limited to persons under the age of 16

DEFINITIONS

Space Maintainer: A passive appliance, usually cemented in place, that holds teeth in position. (ADA)

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Clinical Policies and Coverage Guidelines may apply.

CDT Code	Description
D1510	Space maintainer – fixed – unilateral
D1516	Space maintainer – fixed – bilateral, maxillary
D1517	Space maintainer – fixed – bilateral, mandibular
D1520	Space maintainer – removable – unilateral
D1526	Space maintainer – removable – bilateral, maxillary
D1527	Space maintainer – removable – bilateral, mandibular
D1550	Re-cement or re-bond space maintainer
D1555	Removal of fixed space maintainer
D1575	Distal shoe space maintainer – fixed – unilateral
D1999	Unspecified preventive procedure, by report

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DESCRIPTION OF SERVICES

Space Maintainers are passive appliances designed to prevent tooth movement following premature loss of primary teeth so permanent teeth can erupt into proper position. Additionally, the goal of space maintenance is to prevent loss of arch length, width and perimeter by maintaining the relative position of the existing dentition.

REFERENCES

Alnahwi HH, Donly KJ, Contreras CI. Space loss following premature loss of primary second molars. Gen Dent. 2015 Nov-Dec;63(6):e1-4. Erratum in: Gen Dent. 2016 Jan-Feb;64(1):79.

American Academy on Pediatric Dentistry Clinical Affairs Committee-Developing Dentition Subcommittee; American Academy on Pediatric Dentistry Council on Clinical Affairs. Guideline on management of the developing dentition and occlusion in pediatric dentistry. Pediatr Dent. 2008-2009;30(7 Suppl):184-95.

American Dental Association (ADA) CDT 2019 Dental Procedure Code Book.

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.

Basavaraj Subhashchandra Phulari. Orthodontics: Principles and Practice. Chapter 19 Preventive Orthodontics. Jaypee Brothers Medical Publishers; 2011. p. 244-245.

Peterson and Davis. Atlas of Pediatric Dentistry. Space Management in Pediatric Dentistry. Available at: <http://depts.washington.edu/peddent/AtlasDemo/space002.html>.

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none">• Updated list of applicable CDT codes to reflect annual code edits:<ul style="list-style-type: none">○ Added D1516, D1517, D1526, and D1527○ Removed D1515 and D1525• Updated supporting information to reflect the most current references

Date	Action/Description
	<ul style="list-style-type: none"><li data-bbox="492 155 1073 184">Archived previous policy version DCG035.02